

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000001895

FILED
Mar 21, 2003
Secretary of State

Entity Name: FLEET BUSINESS CREDIT, LLC

Current Principal Place of Business:

ONE S. WACKER DR.
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

ONE S. WACKER DR.
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-2736268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LAUGHLIN, TERRENCE P MR.
Address: ONE S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: FARLEY, MICHAEL A MR.
Address: ONE S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: ROBBINS, JOANNA MS.
Address: ONE S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: CHAMIDES, RONALD H MR.
Address: ONE S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: HIGGINBOTHAM, RICHARD A MR.
Address: ONE S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: LEHNERTZ, GEORGE L MR.
Address: ONE S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE L. LEHNERTZ

MGRM

03/21/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date